



Mental Health Update April 20, 2007

Restoration of a Department and Commissioner of Mental Health

The bill to restore a department of Mental Health passed the Senate on April 18th. Text of findings and purpose of the bill states: “The general assembly finds that there is a need for a separate department of mental health to improve the consideration of mental health issues, for direct access to mental health services, and for advocacy on mental health issues by the executive branch before the general assembly. By this act, the general assembly intends that the department of health and the department of mental health continue the coordination and integration of their respective duties.” The bill requires that the Secretary of Human Services and the Commissioners of Health and Mental Health report to the legislature describing how effectively the Departments of Health and Mental Health are working together to address prevention, early intervention, and chronic care health services; coordination of mental health, substance abuse, and physical health services; and coordination with all parts of the health care delivery system.

DMH to Apply for SAMHSA Grant for Alternatives to Restraint and Seclusion

In response to a recently released SAMHSA State Incentive Grant Request for Application (RFA), the Division is developing a proposal for initiatives aimed at reducing the incidence of restraint and seclusion at the Vermont State Hospital (VSH) and the Brattleboro Retreat. A small Division of Mental Health staff writing team has been convened to work with the clinical leadership at the two hospitals to strategize about infrastructure and procedural changes that, when implemented, will offer more desirable alternatives to restraint and seclusion that are consistent with principles of recovery and trauma-informed treatment. The proposal must be submitted no later than May 10.

Vermont Attends National Meeting Focused on Evidence-Based Supported Employment

Representatives from the Department of Health, Division of Mental Health and the Department of Aging and Independent Living, Division of Vocational Rehabilitation recently attended a national meeting, “Next Steps in Supported Employment: Policies, Cognitive Rehabilitation, and Implementation” in Charleston, South Carolina on April 4-5, 2007. Eleven states were invited to participate in the meeting sponsored by the *Johnson & Johnson-Dartmouth Community Mental Health Program*. Vermont was publicly recognized for its participation in a newly developed supported employment training video and for its contribution to the article “Critical Strategies for Implementing Supported Employment” to be published in the upcoming *Journal of Vocational Rehabilitation*. Guest speakers presented on new research in the field of supported

employment and state participants shared successes and current challenges. Multi-site meetings of this kind are crucial for disseminating the latest developments in research and practice to promote competitive employment for consumers in their communities.

For people with mental illness, work is often an important aspect of the recovery process. The benefits of employment can include decreased symptoms of illness, increased self-esteem, and increased income. An individual with mental illness who presented at the national meeting shared his views on employment, “I don’t like sitting at home just watching the news. I need to work otherwise I have too much time on my hands and I’ll just sit at home, get lonely, and sometimes get depressed. People really like me at work.”

Programs in Vermont that began as demonstration sites and are now active participants in the *Johnson & Johnson-Dartmouth Community Mental Health Program* include Washington County Mental Health, Rutland Mental Health Services, Clara Martin Center, and most recently Northwest Counseling and Support Services. Each site collaborates closely with local Vocational Rehabilitation offices. The goal of the program is to help people with psychiatric disabilities obtain competitive employment in the community using an evidence-based supported employment approach. For more information about this program please visit:

<http://dms.dartmouth.edu/prc/employment/jjdcmhpc/>

FUTURES PROJECT

Planning and Evaluating Options for Inpatient Psychiatric Hospitals

The bill commissioning a legislative study on options for psychiatric inpatient hospitals has passed both houses and awaits the Governor’s action. The bill, as passed, calls for an independent consultant(s) to:

- Review the planning that has been done to date, including the feasibility of recertifying the existing state hospital,
- Investigate and make recommendations on the necessary steps to secure federal funding for the development of one or more regional psychiatric facilities in conjunction with other general hospitals and institutions for mental disease; or stand alone facilities,
- Review and make recommendations regarding the feasibility of all the options available to the state for providing inpatient psychiatric services,
- Analyze the impact of the population involved in the criminal justice system on the needs, services, and costs of inpatient psychiatric hospitalization.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Partnerships

We are pleased to announce two new partnerships in our efforts to enhance co-occurring services within the State. The VISI team will be working with Valley Vista, an 80 bed substance abuse residential treatment program for women and adolescents in Bradford, Vermont and the Community Health Center of Burlington, a primary health care facility serving over 10,000 patients in Chittenden County.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 53 as of midnight Wednesday night. The average census for the past 45 days was 49.